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Bib Data Sheet

CONFIRMATION NO. 2229

<b>SERIAL NUMBER</b> 09/905,035	<b>FILING OR 371(c) DATE</b> 07/13/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1626	<b>ATTORNEY DOCKET NO.</b> 26448-505
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**APPLICANTS**

Dilip R. Wagle, New York, NY;  
 Sheng Ding Fang, Mount Kisco, NY;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/218,273 07/13/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 08/27/2001

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged _____ <div style="display: flex; justify-content: space-between;"> <span>Examiner's Signature</span> <span>Initials</span> </div>				

**ADDRESS**

30623

**TITLE**

CYANOMETHYL SUBSTITUTED THIAZOLIUMS AND IMIDAZOLIUMS AND TREATMENTS OF DISORDERS ASSOCIATED  
 WITH PROTEIN AGING

<b>FILING FEE RECEIVED</b> 846	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input checked="" type="checkbox"/> All Fees
		<input checked="" type="checkbox"/> 1.16 Fees ( Filing )
		<input checked="" type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input checked="" type="checkbox"/> 1.18 Fees ( Issue )
		<input checked="" type="checkbox"/> Other _____
		<input checked="" type="checkbox"/> Credit



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Bib Data Sheet

CONFIRMATION NO. 2229

<b>SERIAL NUMBER</b> 09/905,035	<b>FILING DATE</b> 07/13/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 361331-505	
<b>APPLICANTS</b> Dilip R. Wagle, New York, NY; Sheng Ding Fang, Mount Kisco, NY;					
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/218,273 07/13/2000 AND CLAIMS BENEFIT OF 60/296,435 06/06/2001 AND CLAIMS BENEFIT OF 60/259,242 01/02/2001 AND CLAIMS BENEFIT OF 60/259,431 12/29/2000					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 08/27/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance Verified and Acknowledged <input type="checkbox"/> Examiner's Signature <input type="checkbox"/> Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> BECHERT P.O. Box 5218 Princeton, NJ 08543 CUSTOMER No. - 30623					
<b>TITLE</b> Cyanomethyl substituted thiazoliums and imidazoliums and treatments of disorders associated with protein aging					
<b>FILING FEE RECEIVED</b> 477	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		